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Why Should I Not Use the Forceps?

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BY

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In selecting this subject, I am not destitute of a consciousness that I will be unable to present anything especially new to the members of the society; but feeling confident that there is an unreasonably wide difference in theory, and a great lack of uniformity in the practice of members of the profession in regard to the use of the forceps in midwifery, I hope at least that what I will suggest upon the subject may induce such thought and discussion as will aid in securing a greater uniformity of opinion and practice in relation to a most useful instrument.

Since the day when in the seventeenth century one Chamberlen commenced the scheme of secretly employing instrumental delivery there has, from time to time, been varied discussions upon the subject; but much of this discussion has been by the hundreds of inventors and modifyers of instruments, advocating the peculiar qualities of the forceps which in turn bears the name of the author.

It is not proper nor necessary in this paper to enter into the history or a description of the peculiar advantages and disadvantages of the different varieties of forceps. The number is legion, and each one differs from others in one or more points of mechanism. In the essential principles and uses, however, many of them are similar, differing only in degree of applicability, and especially is each pair of forceps the more efficient in the hands of the obstetrician accustomed to use the same.

There have been those in the profession, of high standing, long and extensive experience, who do tell us that they have never used the forceps, or perhaps but two or three times in a twenty or thirty years' practice, with hundreds and perhaps thousands of cases, and are strong in their condemnation of the instrument as productive of evil only, or at least useless.

For instance, Dr. Wm. F. Mitchell, of Pennsylvania, in 1887 reported a previous practice of six hundred cases without the use of the forceps or a single perineal laceration.

Dr. R. P. Davis, of Texas, in the same year reported nine hundred and sixty cases of a previous fifteen years' practice in the country without the use of the forceps or the loss of a case.

Such success might occasionally be possible among country women, but not at all to be expected among those reared in the cities.

But on the other hand the specialists as a class, and perhaps the larger portion of the general practitioners, use the forceps in quite a percentage of their cases, and positively consider the instrument a great saving of health and life and prevention of suffering.

The reasons for this radical difference of opinion are hard to find, but we are led to believe that a few of them are such as (1st) the failures and evil results which have attended the unskillful and injudicious use of the forceps, (2d) the misjudgment as to a great amount of evil in midwifery being attributable to the use of the forceps instead of the real causes, (3d) the want of tact, skill and perhaps knowledge in contingencies,

making it proper to use the forceps, and how it should be used.

And now, whilst we observe upon every hand the evidences of the marvelous progress of the profession of medicine in the relief of suffering and the saving of life, we cannot conclude that there is a backward step in the greater frequency and success with which this instrument is used at the present day as compared with the past.

Formerly the chief concern was for the welfare of the mother.

In the cruder methods of procedure in the past a comparatively low value was placed upon intra-uterine life. E. E. Montgomery recently said we need but refer to statistics of earlier British obstetricians to see much larger ratio of children sacrificed than when resort was made to the forceps subsequently.

A century ago in British practice the forceps was used once in six or seven hundred cases. According to Churchill, fifty years ago it was used about once in three hundred cases.

Twenty years ago, Dr. Geo. Johnson, in the Rotunda Hospital, Dublin, used the forceps once in fourteen cases.

Pardon me in referring to my own personal experience. I have to say that in the earlier years of my practice I very seldom used the forceps, but in my last three hundred cases my record shows that I have used it once in every sixteen cases. I have never employed instrumental delivery which was followed by regret upon my part.

I am confident that instead of ever losing a child, or in any way seriously injurying it in consequence of the use of the forceps, I have in many instances saved its life, where in a few minutes it would have been beyond recovery. I have never produced any serious irreparable injury to the mother, but am confident of preventing injury in a number of instances, and besides, by an operation which occupied but from a few minutes to a half-hour, I have been able to bring to a joyful termination the awful suspense, and have been able to render sudden help and the most profound relief from terrible physical suffering.

Two weeks ago I attended a primipara, aged twenty, weight one hundred pounds, pelvis rather small. She had had previous cervical treatment for supposed dismenorrhœa by some physician. When I was first called, it was supposed she had been in labor about three hours. The os was dilated to the size of a silver ten-cent piece; thin and rigid. The head presented with the left occipito anterior position and engaged at the superior strait. There was very little liquor amnii. After directing the evacuation of the bowels and bladder, I left. Returned again in six hours to find pains more frequent and harder; patient was somewhat worn from pain and loss of sleep, not having slept for two nights. The presenting part had descended about one inch lower in the pelvic cavity, but no more dilitation of the os. I gave fifteen grains hydrate chloral and repeated the same dose in one-half hour, which secured temporary relief from pain and nearly two hours refreshing sleep. The contractions and pains soon returned stronger than ever, but still no increased dilitation. Chloroform was now administered by inhalation sufficiently to paliate the pain, and this was kept up for about an hour with a view of relaxing the resisting rigidity. Hot water vaginal injections were also used. Partial relaxation was effected, and dilitation to the extent of a silver dollar, and the presenting part had descended to the pelvic floor. Digital effort was made, mostly between pains, which aided in dilating the os fairly well. She had now been in labor about thirty hours. I delayed about two hours longer trying to encourage my patient and hoping that nature would complete the work of delivery. The pains kept up, but no progress was made in overcoming the resistance of the pelvic and vaginal structures. The case was now becoming desperate. The pains less severe, the contractions weak and irregular, the patient weak, fretful, anxious, and pleading that something be done to relieve her. To wait longer seemed useless. I was sure it was becoming exceedingly critical for the child and dangerous to the mother. And so, with the usual aseptic precautions, and the patient being well anæsthetized, with the kind as-

sistance of Dr. Gilbert, I adjusted Hodge's forceps, and applying traction slowly and intermittingly in about fifteen minutes the woman was safely delivered of an eight and one-half pound male child, which was almost asphyxiated, but was soon restored. There was no laceration of the maternal parts of any consequence, and no bruising of the child's head. Vigorous manual compression of the uterine tumor backwards and downwards was employed during the tractions and subsequent to the delivery of the child, soon expelling the placenta with very little loss of blood.

Thus in this instance the life of the child was undoubtedly saved, and the mother at least from prolonged severe suffering, and perhaps contusion and laceration.

The chief and important use of the forceps is that of traction. Although its use may be exerted as a compressor, a lever and rotator, yet these powers are simply secondary, and should be employed, if employed at all, only coincidently with traction.

In regard to the successful use of the obstetric forceps, three leading questions present themselves, viz.: How can it be successfully and advantageously used? When should it be used? And why?

In answer to these questions, I shall attempt to make only a few general suggestions.

First, thorough preparation must be attained, viz.: an accurate diagnosis of presentation and position, location of the occiput, direction of the sagittal suture, and position of the two parietal prominences.

The patient must be prepared by the evacuation of the rectum and bladder, the vaginal canal made aseptic as far as possible, likewise the hands and instruments of the accoucheuer. Also the needed conveniences for arresting hemorrhage and resuscitating the child must be at hand.

Instrumental delivery imperatively demands deliberation, coolness, skill and tact, bearing in mind always to apply the minimum amount of traction in securing the minimum danger to mother and child.

Every accoucheuer should accustom himself to one pair of forceps, and use it only as far as possible.

Throughout the operation there should be a careful imitation of the mechanism of natural labor in a given presentation and position.

It must be remembered, too, that it is an operation which, although safe in skillful hands, may be very unsafe in unskillful.

That the forceps should be removed before the head is delivered is questionable, and is likely to be attended with more danger than is avoided by such procedure. There are certain conditions necessary in determining its proper use. It must be applied to the head. The os must be sufficiently dilated. Traction must be applied in direction of axis of birth canal. The birth canal must have no serious obstruction from neoplasm or deformity. The fœtal head must be of a normal size. The shortest diameter of the maternal pelvis should not be less than three inches. The indications for use may relate to the mother or child, or both. In a general way, any condition will indicate it wherein the safety or life of mother or child will be jeopardized by delaying for natural powers to accomplish the delivery.

For instance, alarming hemorrhage, eclampsia, danger of sloughing from long-continued pressure upon the soft parts of the birth canal, persistent uterine pain, spasm of the thighs and calves of the legs from pressure of head upon the pelvic nerves, rapid exhaustion of the mother, a quickening heart-beat and rise of temperature. When fœtal heart-beat begins to quicken in prolapse of cord. These and many other conditions not only justify but imperatively demand the use of forceps when it can be done.

When there is high arrest from inertia or other causes, the choice of version or forceps must depend somewhat upon individual preferences and the preponderance of skill in either operation. There is greater danger to the child in podalic version, especially on account of compression on the cord by the after-coming head, which makes the forceps preferable whenever it can be used. And if the pelvis is small or contracted — that is, if

smallest diameter is not less than three inches—the forceps should be used, because of the danger of not being able to bring down the arms, or of preserving flexion of the head if version is attempted. When there is arrest of head in pelvic cavity or at the pelvic floor, and this arrest has continued from two to three hours without any perceptible progress, the risk of using the forceps in this case is so slight, the dangers and suffering from waiting so great, that as a rule the forceps should be used.

Concerning the question as to when the traction should be applied, there is a difference of opinion. For instance, Dr. Jurney, professor of obstetrics in Ohio, applied traction between pains, but this plan is questionable. To co-operate with the natural action of the organs, applying the traction during the pain and period of contraction, allows an interval of relaxation which is safer for the child.

Those who condemn the forceps and portray the tales of woe and bloody work of that instrument have entirely misjudged its proper and judicious use.

I do not believe that the forceps, skillfully employed, tear any more perineums than could be found in the same number of natural deliveries without the forceps.

To secure any correct data upon this point is impossible, from the fact that so many cases of laceration go unobserved. To be told that in an obstetric practice of six hundred or a thousand consecutive cases the forceps was not used once and not a single perineal laceration occurred is ridiculous, and reflects no great credit upon the critical attention of the obstetrician.

Although a perineal laceration does sometimes unavoidably occur in skillful forceps delivery, yet on the other hand it is even possible to prevent a probable laceration by the better control of the presenting head, secured by the timely and wise use of the forceps. But suppose in using the forceps we may have a torn perineum; does this necessarily cause a life-time of misery? Truly not. Surgery in this case is productive of the best results. And indeed, when we come to estimate the small amount of danger necessarily attending the wise use of the forceps, it truly is no small consideration to be impelled to use it that we may thereby reduce the duration of the dreadful pangs and agonies attendant upon the labor of many women. And it is a question which might be asked: How many mothers have lost their lives or at least suffered from the casualties incident to prolonged labor, such as sloughing of soft tissues of pelvis, fistulæ of bladder and rectum, nervous exhaustion, loss of blood, etc. And again no human tongue can ever call the roll of still-born children which might have been saved to life by the timely use of the forceps.

The humble writer can to-day recall, with bitter reflection, a number of children strangled to death in the earlier years of his practice, because of being deterred from his faithfulness to duty by that pernicious phantom "Meddlesome Midwifery."

Convulsions in Children.

Delivered at the Labette County Medical Association, August 6, 1891.

By DR. J. B. HILL.

It is now generally understood that a convulsion is only a symptom of a disease. It is often the only prominent symptom. But for sake of convenience it may be described as a distinct disease.

It may be defined as a violent, irregular, involuntary contraction of the muscles, tonic or clonic in character, occurring in paroxysms and generally accompanied by loss of consciousness.

Convulsions are in all probability due to an exaltation of the lower nerve centers or to a suspension of the inhibitory powers of the higher cerebral centers. The spinal cord was thought for a long time to assist also in the generation of nerve force, but now it is considered as a conveyer of nerve force.

Dickson says that the proximate cause in convulsions is cerebral anæmia and arrest of the brain function, and that the muscular

manifestations are the result of the loss of cerebral control.

Solly says that it is a determination of blood to the head, causing an increased generation of nerve force.

J. Nughlings Jackson says it is due to the want of controlling influence of the undeveloped upper tiers on the lower tier, which is the only one fully developed in newly-born children. The treatment, in the not far past, was on the theory of Solly, which is still adhered to by many practitioners.

The causes of infantile convulsions are numerous. Any disturbance in the central or peripheral nervous system may produce them. Many conditions predispose to this affection in children. Age beyond question is the most important factor. From statistics I learn that about ninety per cent. of deaths reported due to convulsions were under one year, and that fifty per cent. of children, who died of convulsions under one year, died within the first month.

The next important predisposing factor is hereditary influence. The rachitic, the neurotic, the children of drunkards, of the the insane and of the epileptics are predisposed to convulsions in infancy and childhood. A child does not inherit convulsions, but inherits a condition which is called a "convulsive tendency."

Sex is not a prominent factor. The exciting causes are numerous. The most fertile of any one class is improper feeding and indigestion, high temperature and filthy environments. Great stress is often placed on dentition as being the cause, when further investigation would point to the ingestion of improper aliment and poor digestion. Dentition is a physiological condition. It may be a coincidence—perhaps it is in a great number of cases—but as an exciting factor it should seldom, if ever, be assigned.

Intestinal worms may produce convulsions. Among other exciting causes met with are acute infectious fevers—intermittent and remittent; inflammation of the respiratory organs; uræmia; diseases of brain and spinal cord, and injuries of same; malformation and diseases of heart and great blood vessels; severe burns and scalds, stings and bites of insects, earache, fright, anger, tickling, tying the umbilical cord too short, etc.

General convulsions, aside from laryngismus stridulus, an affection somewhat similar, begin by signs of disturbance in the nervous system. Eyes half closed, startling in sleep, crying, gritting of the teeth, twitching of the muscles of the face, flexion of the thumb and great toe and pointing inward, gazing into space, to one side and upward, and an expressionless face. These are the prodromal symptoms when they occur, or they may be entirely absent. The nervous centers may be suddenly overwhelmed, a central cyclone raging without a moment's warning. The following graphic description, as portrayed by Meigs and Pepper, may be witnessed: The child utters a cry, loses consciousness, and is seized with powerful tonic contractions of the voluntary muscles; eyes are fixed and staring, and then drawn obliquely upward under the upper lids, so that the white portions of the ball alone are visible for an instant between the partially-open lids; the trunk is rigid and stiff; the thorax immovable; the respirations suspended by rigid spasms of the respiratory muscles; the face, for a moment pale, usually becomes livid and congested and the veins of the neck distended.

This stage of tonic spasm is followed quickly by the stage of clonic spasm, in which the involuntary and the most irregular and convulsive movements occur.

The eyes are rarely fixed in one position but are constantly agitated in various directions, from side to side or upwards and downwards; very often there is the most violent strabismus; the eyelids are sometimes opened and at others shut; the pupils may be contracted or dilated. The muscles of the face next enter into contraction, and occasion the most hideous contortion of the features; the mouth is distorted into various shapes; the lips are often covered with a whitish sanguinolent froth, and the jaws are tightly clenched together by tonic spasm or agitated by convulsive movement, so as to produce grinding of the teeth. The trunk of the body is also sometimes variously contorted

by clonic convulsions; the head is usually strongly retracted upon the trunk, but in other instances is drawn to one side or violently rotated.

The anterior muscles of the neck enter into action and alternately elevate and depress the larynx; the tongue when seen moves in different directions, and is sometimes caught between the teeth and severely bitten. The extremities are more violently convulsed than the other parts, particularly the superior. The fingers are drawn into the palms of the hands; forearms are flexed by short, rigid and generally rythmical movements; the hand quickly pronated and supinated upon the arm, or finally the whole extremity is twisted and distorted into various positions which is impossible to describe. The inferior extremities undergo similar movements, but almost always in a less degree than the upper.

The respirations during the attack are irregular, sometimes suspended by rigid spasm of the respiratory muscles and sometimes accelerated. The face may be livid or pale throughout the whole of a severe attack. The attack ends by the movements gradually subsiding, leaving the child in a deep sleep or in a state of stupor. There may be only one attack and recover completely, or they may be repeated by longer or shorter intervals, or the attack may occur seemingly without intermissions, the child becoming more and more comatose, and even expire in this condition. The heart in an attack is irregular and bounding. Consciousness is generally lost. The duration of a paroxysm itself varies from a few moments to half an hour or longer, but a repetition of attacks may extend over several days.

No convulsion should be judged slightly. A guarded prognosis should be given in all cases, as convulsions from apparent slight causes have resulted in death. As a general rule convulsions ushered in on the inception of acute fevers are more favorable than from those appearing in the course or at the close. Occurring at any time in the exanthemata is of a very unfavorable import. Occurring from irritants in the alimentary tract and the cause speedily removed are of a favorable import. When confined to one side, points to gross cerebral lesions with unfavorable significance. Convulsions occurring in very young infants, and cause in all probability due to cerebral hemorrhage or organic conditions of the heart and great blood vessels, prognosis bad. The toxæmic and uræmic convulsions are generally fatal.

The post-mortem appearances vary as recorded by different observers, the older writers finding active congestion of the brain, later writers passive congestion or anæmia. In cases of true eclampsia the stomach was frequently found full of indigested food.

The differential diagnosis of convulsions is often a difficult task to arrive at, but it is a matter that a physician should do as speedily as circumstances may permit.

Remember a convulsion is only a symptom of a disease; seek out the cause as speedily as possible. Your investigation made and the cause known, proceed at once to remove the cause and to stop the convulsions. Nine times in ten you will be called to treat the convulsions, and when you arrive the convulsion is over. In the meantime the mother, nurse or neighbors have placed the child in a warm bath, and the attack is apparently over when you arrive. In a majority of cases of convulsions the warm baths are useful and should be continued, but in some cases it seems to agitate, and those cases are from gastro-intestinal irritants. In fevers the warm bath and cool water to the head is indicated. If the child has no fever, and the cause not from fright or anger, the convulsion is probably due to irritation in the stomach or bowels. An emetic of ipecac or honey and alum should be administered, and after thorough emesis, give calomel by the stomach and warm water injections into rectum. Give between the doses of calomel and subsequently chloral and bromide of potassium. In older children, where pain seems to be the cause, hypodermatic injections of sulphate of morphia should be given. To young children, to quiet pain, paregoric is an excellent remedy. The fever should be controlled by one of the antithermics with the assistance from warm-water baths and counter-irritants to the extremities.

The case, after being diagnosed as belonging to one of the diseases accompanied by convulsion, should be treated on principles laid down in such diseases.

During the convulsions administer by inhalation chloroform, ether or amyl nitrite, selecting the one in your judgment most suitable. Amyl nitrite is best suited in cases of the febrile type.

Antiseptic Midwifery.

By P. R. MOORE, M.D., Effingham, Kansas.

Mr. President and Gentlemen: It is not within the scope of this paper to enter into a discussion of the subject "Antiseptic Midwifery," as it pertains to hospital practice; nor have I thought it advisable to encroach upon the subject of "Puerperal Fever," or enter the domains of what might justly be termed the legitimate use of antiseptics in obstetrics; but will endeavor to confine what little I have to say to the doctrine of antiseptic midwifery as promulgated by its votaries, and only as it concerns us as so-called country doctors.

From the time that parturient women were confided to the care of the physician, and their management recognized as a part of his professional duties, great stress has been laid upon the importance of thorough cleanliness as the surest safeguard against unfavorable complications during convalescense, but within the last few years it has been so intimately connected or interwoven with antiseptics that it is difficult to know just where the one leaves off and the other begins.

"Cleanliness is akin to Godliness," and should characterize the work of every physician in the lying-in apartment; and while there may be no serious objection maintained against the use of antiseptic medicines as supplementary measures, they are not essential and cannot be supposed of themselves to be productive of any beneficial results as external agents, besides there is a tendency to place too much dependence upon their prophylactic powers to the exclusion of those details of cleanliness which are of paramount importance.

Antiseptics have been defined by Dr. Sternberg as "those agents only which have the power to prevent putrefactive decomposition of organic material."

Accepting this as the true meaning of the term, in applying it to the practice of midwifery, we must concede one of two things: either that cleanliness and antiseptics are two distinct classes that must not be confounded, or that antiseptic midwifery is to be considered under two heads.

Adopt which proposition we may, antiseptic midwifery, apart from all the details of cleanliness, consists in the use of intrauterine and vaginal medication, the material used being composed in part or whole of antiseptic drugs, used exclusively to prevent sepsis, and their use being applicable alike to all obstetric cases.

The adoption of this plan of treating all labor cases originated from the theory that puerperal fever is puerperal septicæmia, analogous to, if not identical with, so-called surgical fever, modified by the physiological state of the patient. And no sooner had the teachings of Lister, setting forth the importance of antiseptics in surgery, been established than obstetricians directed their attention to the use of this class of remedies as a means of preventing and curing all those dreaded complications of the puerperal state, and the reports of special committees, appointed for the purpose of investigating as to their efficiency in this branch of the practice of medicine, were so flattering that the profession was soon supplied with a long list of rules, combining it with cleanliness, and devised for universal adoption.

These rules have been added to by first one new convert to the theory, then another, until from the very excess of their number they have lost for it that high prestige which it at our time held, and to-day the tendency is to treat it with ridicule.

The simple act of parturition is a physiological process, and under normal conditions, with fair sanitary surroundings, convalescence will, in the vast majority of cases, run

an uninterrupted course without the development of pathological manifestations, nature alone meeting all the requirements for a complete restoration from its effects, and any interference with nature's process of repair can only be classed as meddlesome midwifery.

In all normal cases, where there is not a distinct indication for their use, intra-uterine injections should not be resorted to, as the dangers to be apprehended from leaving a patient to the natural course of events are not commensurate with those of invading the cavity of the uterus with a foreign substance.

Whatever may be the facts regarding lying-in wards, maternity institutions and the private practice of those having charge of them, we know that so far as a so-called country practice is concerned the dangers to the parturient woman, from contagion and injection, have been largely overestimated.

The custom of regarding every fever occurring in a puerperal woman as puerperal fever is erroneous. Typhoid fever is typhoid fever, and all the manifestations of malaria are malarial, regardless of the fact of a recent confinement, and the enforcement of the most rigid, local antiseptic measures will not mitigate the course of these conditions nor prevent their development.

I am well aware of the fact that the advocates of the indiscriminate use of intra-uterine medication maintain that they are unattended by deleterious results, and I admit that if it were true that they had proven to be in themselves harmless they should be reconed among the legitimate preventive measures, but if their use involves even a slight risk to the patient their routine use should be seriously questioned.

That there are dangers attendant upon this practice of antiseptic midwifery, and that these dangers are not insignificant, has been demonstrated in practice and recorded in the writings of authorities who stand so high in the medical world that to ignore their teachings would be inexcusable.

Dr. Baker, in speaking of antiseptic injections, says: "Antiseptic injections, both vaginal and intra-uterine, are of great service when the indications for their use are clearly shown by local signs or general symptoms, but they cannot be recommended with safety as a routine practice on theoretical grounds, as for obvious reasons they may be most detrimental in retarding cicatrization of lesions and the other processes of normal convalescence, and are otherwise sometimes dangerous."

Dr. Thomas prayed deliverance from the impression which seemed to be prevalent with the profession that he had recourse to uterine injections upon the slightest provocation, and adds: "No one could have striven more than I have done to keep within proper bounds the indiscriminate use of this dangerous but valuable resource."

Lusk expresses his views by saying: "Intra-uterine injections should be resorted to with great circumspection. They are not indicated by a simple use of temperature, and unless the infection proceed from the uterine cavity, which is the exception, they are unnecessary."

Braun von Fernwald, in discussing prophylactic uterine injections, is quoted as saying: "We must protect against injections made by physicians into the uterine cavity; such meddlesomeness is more likely to do harm than good."

Recognizing, then, that the dangers of this mode of procedure are not imaginary, it becomes our duty as general practitioners to enter our protests against a fashion which has little to commend, but much to condemn it.

Antiseptics have their legitimate place in the practice of midwifery, and cases do occur in which it would be culpable negligence on the part of the physician not to have recourse to them, but with a due regard to cleanliness on the part of the attending physician and his patient, and with fair sanitary surroundings, their use in the parturient chamber would become extremely limited, and soon we would hear no more of the latest fad in obstetrics, namely, antiseptic midwifery.

Glaucoma.

Read before the South Kansas Medical Society at Wichita, May 3, 1892,

By J. L. HAYS, M.D., Wichita, Kansas.

Glaucoma is a Greek word, meaning green, and has reference to the green or bluish color seen in the pupil of glaucomatous eyes.

Hippocrates recognized this disease, but it is evident he made no distinction between cataract and the disease under consideration. Some of the early Greeks had observed, however, that by pushing the lens from the axis of vision, sight was sometimes restored, while others were not so benefitted. It is not so surprising that this distinction was not made at that early day when we remember that dissections of the dead were not then permitted.

The views entertained by Hippocrates were held by the profession till the beginning of the eighteenth century. Brisseau in 1709 was the first observer to note the difference in the two diseases. His opinion was that cataract is a disease of the lens, and glaucoman opacity in the vitreous.

About the middle of the present century, Mackenzie observed that in glaucoma in many cases the lens and vitreous are both transparent, and that therefore the seat of the disease is not located in them, but in the retina. He accounts for the sea green color of the pupil by stating that the lens and vitreous in this disease have a yellow amber color and does not absorb yellow rays. When reflected rays enter the eye, the violet, blue and red rays are absorbed; the yellow and green rays being dispersed, which causes the green reflex.

Glaucoma may be defined a morbid condition of the eye, manifested generally by hardness, as a result of intra-ocular pressure with its direful results.

The disease is met with in such a variety of forms, the symptoms and history so different, that it might not be transcending the domain of ophthalmic literature to give a new nomenclature to this morbid condition. There is no disease with such a variety of phenomena. Acute and chronic glaucoma are no more alike, except in results, than some other diseases entirely distinct from each other.

The disease is either primary or secondary. In the first we have acute, sub-acute and the chronic form. In the secondary form it occurs in old diseased eyes or follows operations, sometimes assuming the hemorrhage type.

The principal characteristic phenomena is increased tension of the eyeball and periodic spells of blindness. These signs, however, are not constant, and may both be absent. Dr. Bull found increased tension absent in nine per cent. of cases examined, and periodic blind spells, if present, may not be noticed. It is not unusual to see patients whose loss of vision in one eye was first discovered by accident.

Another objective sign we have in the majority of cases is the dilated pupil and anæsthesia of the cornea. These conditions are met with late in the disease and are due to paralysis of the ciliary nerves, produced by intra-ocular pressure.

In acute cyclitis and irido cyclitis we also have increased tension during the inflammatory stage. I do not believe increased tension occurs in any disease where the ciliary body is not involved, except by the growth of an intra-ocular tumor. When the ciliary body becomes involved, glaucoma may be the result. We then have constant increased tension. It will not be forgotten that the result of cyclitis is diminished tension.

When one eye is attacked, the other one generally soon becomes involved. Glaucoma attacks all ages, but usually those past the middle period of life. When such persons have glaucoma, the accommodation becomes weakened and a change of glasses is often sought. When glasses suit a person but a short time their eyes should be examined thoroughly with reference to this disease.

This is decidedly a deceptive disease. Often the prominent symptoms are absent, and the disease goes from bad to worse with-

out being recognized until permanent blindness results.

The length of time the disease may run varies from a few weeks to many years.

The acute form may be ushered in without special premonitory signs nor any known cause. The attack begins with great inflammatory symptoms and neuralgia; the lids may be much swollen; vomiting not infrequent. The pain will be in the temple, brow or down the side of the nose. The case may be mistaken for a bilious attack with an accompanying neuralgia, or perhaps it may be diagnosed as acute catarrhal ophthalmia. There will not be the characteristic discharge that we find in the latter disease. An attack of this kind frequently destroys an eye in a few days.

In iritis we may have the subjective symptoms given above, but in iritis there will be the rosy zone around the corneal border, and contracted pupil, but we will not have tension increased except the ciliary body be involved.

In the sub-acute form the inflammatory condition is less marked, the exacerbations frequent; in the interim the eye clears up with vision more or less impaired. In the course of time the disease becomes chronic.

Three-fourths of all the cases are of the chronic form, beginning in such an insidious way as not to call attention to an eye trouble. It is not infrequent these cases are called nervous attacks, the eye presenting no objective symptoms, the small loss of vision not being noticed. Months may elapse before another attack occurs. There may be a fullness felt in the eye, but no pain nor redness observed. There may be a halo around a light flame. While this is not absolute evidence of glaucoma, it shows defective vision.

If the oculist sees the case at this stage of the disease, he will find the field of vision contracted, the eyeball will be harder, tension plus one or two. The pupil will be somewhat enlarged, and a greenish tint observed, especially if the patient is beyond the middle period of life and the case of long standing. If the fundus of the eye can be seen by aid of the ophthalmoscope the vessels will be found enlarged and pulsate on slight pressure. As the vessels are seen at the disk they seem to bend around under the edge of the optic nerve entrance. This condition is seen after the pressure from within has continued long enough to produce the cupping of the optic disk. After an eye has become very chronic and absolute glaucoma supervened, the media may be in a condition to not admit the reflex from the fundus.

The pathology of glaucoma, or, rather, the etiology, is not a settled question. The increased tension is a condition due to excess of accumulation of fluid or to impeded outflow.

In normal eyes there is a constant circulation of fluid from the vitreous through the suspensory ligament of the lens into the aqueous chambers, thence the escape through the canals of schlem and the lymph channels. These are situated in the angle between the iris and cornea. In glaucoma this angle is practically obliterated, and the canals and channels closed. What causes this condition is a question. It may be from plugging of the outflowing channels or from the excessive secretion of fluid. There may be an acute, sub-acute or chronic inflammation of the ciliary body which results in excessive exudation, thus forcing the iris and cornea together at the angle. Whatever view may be taken, the general opinion prevails that the retina loses its function by intra-ocular pressure, cutting off the blood supply which first effects the periphery of that membrane. As two-thirds of all cases occur in hyperopic and presbyopic persons it has been argued that in this we find the cause of the disease. That these anomalies may act as factors in producing the disease may be true, but I do not hold this as the prime cause.

Treatment.—No system of medication has had any influence in stopping the onward progress of the disease with the exception of the calabar bean or its alkaloid eserine, a solution of which has some claim as a curative agent. This remedy contracts the pupil, enlarging the angle so as to give access to the lymph channels and the result is diminished tension. The general opinion now is that this treatment is only paliative.

The curative method lies in the operation of iridectomy. To Prof. Von Graefe belongs the honor of discovering this method of treating glaucoma. If this operation is made early in the disease, it proves very successful. Certain rules are to be observed in the operation in order to have the best results. The operation is comparatively free from danger, so that any delay in the operation is perilous. When this disease has produced internal disorganization of the eye an operation could not be expected to restore useful vision.

How an iridectomy cures the curable cases is perhaps not well understood, but it relieves the intra-ocular tension. The scar formed has been called infiltration scar; through this the fluids escape. The newer operation, sclerotomy, may have been performed for this purpose, as it gives a larger scar than the iridectomy; but experience has not justified the adoption of it to the exclusion of the latter, so that iridectomy still has the preference as the best operation.

In this connection I report the following:

CASE I. Mrs. C., aged forty, was taken with what she termed neuralgia of the head. Her family physician treated her about one week, when the eye showed symptoms of inflammation. When the other one became involved, I was sent for. Eyes intensely inflamed and painful; pupils nearly normal; vision very much reduced. As there was no catarrhal secretion I thought I had an iritis to deal with, and applied solution atropine four grains to one ounce, and ordered hot fomentations. In a few minutes the pupils dilated with no adhesions. Hot applications continued through the night. Next morning I observed the increased tension which I had not observed the preceding day. The pain was increased and she was only able to see the largest objects across the room. With the assistance of two physicians at 12 o'clock that day I made an upward iridectomy in each eye. The pain entirely left the eyes the same day, and she continued to complete recovery. Vision 20-30, and she has had no recurrence of the trouble.

The following illustrates a typical case that often presents itself to the oculist. In my younger years of practice the following case came to have me extract a cataract:

CASE II. M. C., aged sixty, had been losing his sight for several years; had not consulted an oculist, but a doctor had told him he had cataracts. The pupils were dilated to one and a half times normal size; the eyeballs had increased tention; vision, light perception. Atropine had no perceptible effect on the iris. The lens of one eye was successfully extracted and the recovery was all that could be desired, but vision was not improved. That case taught me to be more careful about operating for cataract with such a history.

CASE III. Mr. F., aged fifty, met me on the street and asked if I could tell him what was the matter with his eye. He stated that he had never had any trouble with it, but a few days before he found by accident it was blind. As he could not go to my office, an opinion was not given. Six months afterwards he came to my office suffering great pain; eye inflamed and very hard; tension plus two. To lessen the pain seemed to be the only thing to do. An opiate was given and hot applications made. It got no better and enucleation was advised. He consulted an oculist in an eastern city who gave him eserine to use, telling him it was a case of glaucoma, and that an iridectomy would probably be necessary. A few days later he came to me and requested the eye removed. After enucleation, we found at the fundus an intra-ocular tumor the size of a cherry. An intra-ocular tumor will produce the one sign — increased tension — and enucleation is the only remedy. The same may be said with reference to some cases of painful absolute glaucoma. As to treatment, enucleation is the only thing left to give relief.

CASE IV. Miss A. had an operation upon both eyes for soft cataract. Inflammatory reaction supervened in right eye. Vision, left eye, 20-20; right eye not so good. About one year right eye became painful and inflamed. Upon recovery vision was more impaired. After a few months another attack occurred, when an iridectomy was advised. She would not consent, but consulted another

oculist who thought it not justifiable. Of course he got the case and treated her through several spells. The left eye soon became involved in the destructive inflammatory process. All attention was now directed to the left eye, as the vision in the right eye was gone. About three years elapsed when the left eye too was of no service as an organ of vision.

The above is a case of secondary glaucoma. An iridectomy should have been made at the first inflammatory attack. After that it would have given less hope, but an operation at any stage is better than to let it alone, for in this we have nothing to hope for.

Glaucoma in any form is not of every day occurrence, and yet we may meet a case any day. It is a deceptive and insidious disease. It comes to one stealthily, makes its appearance in the guise of megrim, nervousness, neuralgia, sore eyes, bilious attacks, etc. It does not announce itself, "I am glaucoma, look out for me," but it comes claiming to be something else.

That we may be prepared to recognize it in any and all its insidious forms, and give such advice, if heeded, as will thwart its certain destructive course, is the object of this paper.

What Can be Done for Incipient Cataract.

Dr. Edward Jackson, (*Philadelphia Polyclinic*, September, 1892,) in discussing incipient cataract, comes to the following conclusions in regard to its treatment:

The view that for incipient cataract nothing can be done is certainly incorrect. In avoiding and disclaiming the pretensions of charlatans, the profession has failed to see all that can be done for the success of this condition. It is clearly established that a considerable number of cataracts remain stationary, even for many years. The conditions that tend to produce opacity in the lens are certainly to some extent amenable to therapeutic and hygienic measures at our command. Whether the opacity that has already developed ever tends to diminish is, perhaps, an open question, but Jackson's belief is that opacities of certain kinds do show this tendency. In any case one may with very good reason hope to check the process where it is, and prevent further deterioration of vision in a considerable proportion of cases, though not in all. Again, eyes in which cataract is progressing rapidly are usually affected with opacities of the vitreous, or, as urged by Dr. Risley, choroidal inflammation or irritation, which is known to be to some extent amenable to treatment. The removal of these conditions quite often brings about a notable improvement in vision. In the main, the treatment is to be directed to improving the choroidal nutrition, since it is through the choroid that the vitreous and lens draw their nutritive supply. The first step in this direction is the avoidance of eye-strain by the use of proper glasses and by enforced systematic abstinence from close eye-work. This may involve a radical change in the habits and pursuits of the patient, but with the hope that such a change may prevent the occurrence of cataract, this change may often be made. After the avoidance of eye-strain comes protection of the eyes from exposure to excess of light and heat; and beyond this our dependence must mainly be on what will influence favorably the general nutrition. The cure of dyspepsia is of the first importance. Increased nutrition is needful in a large proportion of old people. Freedom from worry and abundant sleep are valuable in all cases. Close investigation will commonly show that the ocular trouble has appeared and developed during some period of especial ill-health. The special treatment that such a condition requires is an essential part of the treatment of the cataract. As to the application to the eye or manipulations of the eye for the specific removal of cataract, many have been urged and much has been claimed for them, but none have stood the test of experience in the hands of unprejudiced observers.

CREAM as a nutritive agent is superior to any of the other fats or oils.

Report of Seventy-Five Operations.

Done at Christ's Hospital before Students of the Kansas Medical College,

BY

J. C. McCLINTOCK, M.D., Topeka,

PROFESSOR OF SURGERY IN THE KANSAS MEDICAL COLLEGE.

The following table contains operations done at Christ's Hospital only, given in the order in which they occurred with no omission. With few exceptions they are all major operations, and among them are: Abdominal operations, 29; operations upon the skull, 7; operative treatment of tuberculosis, 10; treatment of necrosis of bone, 6; spinal fracture, 2; excision of joints, 3; hemorrhoidal tumors, 3.

Laparotomies.—Under case 49, an abdominal section for tubercular peritonitis, occurs the only death, and that should not be charged to the operation, but to the interference of friends and relatives in the after-treatment prescribed. Since that time the rule has been established at the hospital that friends shall have nothing to do with the nursing of patients. They may be permitted to visit, but the nursing must be in the hands of those trained to their work. In this case there was an extension of the tubercular infection into the right lung, where a cavity was formed large enough to contain an orange.

It is worthy of note that in the cases of uterine fibroids, when Tait's operation has been done, the results have been entirely satisfactory.

Operations upon the Head.—Of these four were for microcephalus. The results in these operations can only be determined by time, and it is a question in my mind whether, after the results of these and similar operations have been more satisfactorily demonstrated, craniotomy for imbecility will be considered a justifiable operation. The value of trephining and elevating the skull for depressed fracture, as in cases 5, 12 and 30, regardless of the length of time since the receipt of the injury, has long since been established. It should be done in all cases, but in injuries of long standing no great promises should be made to friends as the benefit to be received from such operations becomes less certain the longer a case continues. There are seven of the twenty or more cases involving trephining of the skull which have occurred in my practice, all without a death.

All operations for epilepsy have been followed by marked relief or a permanent cure. Sufficient time has not elapsed as yet in some of these cases to declare the cure a permanent one.

Excision of Joints.—Case 1 required subsequent amputation. Case 43, while successful in saving a foot which he walks upon without crutches, yet I would think an artificial limb more satisfactory. Case 54. A fair result with motion of the fingers and partially of the thumb, giving a much more useful hand than an artificial one. The patient had general tubercular infection, involving both knee joints and left hip, otherwise an amputation would have been done. It was thought best to make an excision of the only suppurating joint and to treat the others by rest and immobilization. He has gained very much and is walking about greatly improved in general appearance.

Operations for Hemorrhoids.—The ligature operation has been abandoned for treatment by clamp and cautery, as there is less pain following the operation and the patients are sooner able to resume their occupations.

The case of excision of the upper and that of the lower maxilla were accomplished with less than the usual amount of hemorrhage. Each vessel was promptly controlled by either ligature or thermo-cautery. Rapid recovery in both cases and primary union throughout, except where the wounds were left open for drainage, as a result of thoroughly antiseptic preparations and treatment.

NO.	DATE OF OPERATION.	NAME.	AGE.	DISEASE.	TREATMENT.	RESULT OF OPERATION.
	1889.					
1	April 19.	Miss F. H.	13	Tuberculosis of ankle joint.	Excision, followed three months later by amputation at upper third of leg.	Recovery.
2	December 26.	Mr. W. E. H.	33	Vesico-rectal fistula, twelve years' standing.	Denudation and suture by silver wire.	Recovery.
	1890.					
3	January 10.	Mr. W. E. H.	33	Urethro-perineal fistula.	Galvano cautery.	Recovery.
4	March 3.	Mr. E. R.	21	Tuberculosis of tarsus.	Amputation of leg at junction of lower and middle thirds.	Recovery.
5	March 21.	Miss A. R.	9	Epilepsy and imbicility, following extensive fracture of the skull, received seven years before by a fall of eighteen feet.	Trephining and elevation of skull, dissecting cicatrix from brain and removing bone imbedded three-fourths inches in brain.	Recovery.
6	August 18.	Mrs. E. L. S.	47	Hystero-epilepsy with melancholia, caused by cyst of broad ligament.	Laparotomy: evacuation of cyst contents, suture of cyst to abdominal incision and continuous drainage for three weeks.	Recovery.
7	August 25.	Mr. G. W.	41	Vesical calculus which had descended from kidney to bladder seventeen years before.	Lateral perineal lithotomy.	Recovery.
8	October 3.	Mr. A. C.	9	Tuberculosis of ankle joint, with general tubercular infection.	Amputation in middle third of leg.	Recovery.
9	October 22.	Mrs. A. J. S.	23	Epilepsy caused by salpingitis and ovarian cysts. Child-bed fever four years before, lasting seven months.	Laparotomy: breaking up adhesions, removing Fallopian tubes with contained pus, evacuating pelvic abscesses and removing two ovarian tumors each the size of a large orange.	Recovery.
10	November 20.	Mrs M. R.	53	Osteo-sarcoma of left superior maxilla.	Excision of superior maxilla.	Recovery.
11	December 4.	Mrs. E. C.	51	Large hemorrhoidal tumors.	Operation by ligature.	Recovery.
12	December 12.	Mr. C. S. N.	36	Insanity from depression of skull by an injury received six years before.	Trephining: removing bone two by one and one-half inches over posterior angle of parietal bone, removing a piece of bone pressed one-half inch deep into the brain, dissecting out cicatricial tissue.	Recovery.
13	December 17.	Mrs. E. L.	37	Hemorrhoids with profuse bleeding.	Ligature.	Recovery.
14	December 18.	Mrs. M. D.	34	Fibroid tumor of uterus as large as gravid uterus at six months, with alarming hemorrhage at each menstrual period.	Laparotomy: extirpation of one ovary. The other could not be found. Probably imbedded in tumor.	Recovery.
15	December 24.	Mr. W. J.	17	Stone in prostatic urethra hanging into the bladder.	Supra-pubic lithotomy: removing a stone the size of a hen's egg, containing as a nucleus the rubber from a lead pencil which had been passed into the urethra.	Recovery.
	1891.					
16	January 5.	Mrs. C. C. H.	45	Insanity from tubal and peritoneal infection, following abortion.	Laparotomy: extirpation of ovaries and tubes; washing out peritoneum.	Recovery.
17	January 10.	Mrs. W.	60	Hemorrhoidal tumors.	Ligature operation: dilating sphincter ani, ligating tumors, and returning stumps after amputation.	Recovery.
18	January 15.	Mrs. H. S. L.	28	Salpingitis: pelvic pain; profuse purulent leucorrhœa.	Laparotomy: removal of diseased tube and ovary from left side. Right ovary and tube apparently normal and were not removed.	Recovery.
19	February 3.	Miss L. A.	27	Lupus of foot: tubercular glands in groin of the same side.	Deep extirpation of lupus tissue, followed by skin grafting. Dissecting out glands of the groin.	Recovery.
20	February 28.	Mrs. W.	60	Procedentia uteri.	Amputation of cervix and kolpo-perineorraphy.	Recovery.
21	March 3.	Mrs. C. L. G.	41	Fibroid of uterus as large as a cocoanut, with excessive hemorrhages.	Laparotomy: extirpation of both ovaries and tubes.	Recovery.
22	March 4.	Mr. W. H. H.	32	Fibrinous ankylosis of left shoulder, with sinus leading down to dead bone.	Long incision over upper extremity of humerus; dead bone found and removed.	Recovery.

NO.	DATE OF OPERATION.	NAME.	AGE.	DISEASE.	TREATMENT.	RESULT OF OPERATION.
23	March 23.	Miss H. C.	4	Microcephalus.	Double linear craniotomy.	Recovery.
24	April 5.	Mr. S. E. A.	67	Carbuncle on neck.	Curette and cauterization.	Recovery.
25	May 25.	Mrs. L. H. M.	27	Fibroid tumor of uterus, with displacement.	Exploratory incision.	Recovery.
26	May 27.	Mr. D. P.	36	Fracture of vertebræ, with paralysis of lower extremities.	Laminectomy.	Recovery.
27	July 29.	Mrs. H. G. R.	56	Double fracture of spine nine years before.	Laminectomy.	Recovery.
28	August 22.	Mr. H. L. S.	16	Necrosis of femur.	Exploratory incision.	Recovery.
29	September 13.	Mr. A. D. H.	43	Sarcoma of testicle and abdominal glands.	Partial removal.	Recovery.
30	September 17.	Mr. W. D. S.	20	Insanity and traumatic epilepsy from kick of horse.	Trephining and removal of all depressed bone.	Recovery.
31	September 19.	Mr. F. D.	30	Chronic intestinal obstruction.	Laparotomy: dilating stricture and breaking up inflammatory bands.	Recovery.
32	September 22.	Mrs. F. H.	31	Hystero-epilepsy with salpingitis.	Laparotomy: extirpation of ovaries and tubes.	Recovery.
33	October 9.	Mrs. J. M.	24	Salpingitis.	Laparotomy: extirpation of appendages.	Recovery.
34	October 17.	Mrs. E. S. N.	8	Necrosis of tibia and destruction of ankle joint.	Amputation at knee.	Recovery.
35	October 20.	Mrs. S.	24	Pelvic adhesions, following laparotomy and continued epilepsy.	Laparotomy: breaking up adhesions.	Recovery.
36	October 22.	Mrs. C.	56	Ventral hernia.	Laparotomy: omental tumor ligated, cut off and returned; sac dissected out and parietal walls united by buried sutures.	Recovery.
37	October 22.	Mrs. A.	48	Chronic syphilitic ulcers.	Curetting and application of rubber bandage.	Recovery.
38	October 23.	Mrs. A. F. W.	38	Uterine fibroid.	Laparotomy: extirpation of appendages.	Recovery.
39	October 24.	Miss H. H.	23	Hystero-epilepsy from ovarian tumors.	Ovariotomy.	Recovery.
40	October 26.	Mr. W. B.	12	Right talipes equino varus.	Tarsus broken over padded block and dressed in plaster paris.	Recovery.
41	October 31.	Mr. J. B.	14	Gun-shot wound through first metatarsal and death of bone.	Necrosed bone removed and decalcified bone chips implanted.	Recovery.
42	November 4.	Miss B. B.	20	Ovarian cystoma accompanied by palpitation of heart and hysteria.	Single ovariotomy.	Recovery.
43	November 20.	Mr. R. P.	17	Tuberculosis of ankle joint.	Complete excision of all the bones of the tarsus and lower extremities of tibia and fibula with bone grafting.	Recovery.
44	December 15.	Mrs. S. R. K.	57	Varicose ulcers on right leg, result of fracture.	Skin grafting.	Recovery.
	1892.					
45	January 6.	Mr. A. C. H.	53	Chronic pyæmia: necrosis of ulna and radius, result of compound comminuted fracture ten weeks before.	Amputation at junction of middle and upper thirds of humerus.	Recovery.
46	January 14.	Mr. R. W.	3	Imbecility: microcephalus.	Single linear craniotomy—left side of head.	Recovery.
47	January 15.	Mr. W. H.	5	Complete cleft palate: double hare lip; intermaxillary attached to center of lip, hanging to end of nose.	Staphylorrhaphy and plastic operation on lip.	Recovery.
48	January 15.	B. W.	6 mo.	Complete cleft palate and single hare lip.	Staphylorrhaphy and plastic operation on lip.	Recovery.
49	March 16.	Miss L. B.	25	Tubercular peritonitis.	Laparotomy: washing out peritoneum; separating adhesions.	Death.
50	April 18.	Mr. J. W.	45	Tubercular sub-maxillary gland.	Enucleation of gland.	Recovery.
51	April 20.	Miss M. L.	28	Exudate following pelvic peritonitis.	Laparotomy: separating adhesions.	Recovery.
52	April 22.		17	Pre-sternal abscess.	Curetting.	Recovery.
53	April 23.	Miss M. M.	19	Tubercular peritonitis.	Laparotomy: washing out peritoneum.	Recovery.
54	July 18.	Mr. F. W. W.	22	Tuberculosis of carpus.	Excision of wrist.	Recovery.
55	August 14.	Mrs. M.	39	Hysteria: omental and intestinal adhesions, caused by puerpural fever.	Laparotomy: separation of adhesions and removal of uterine appendages.	Recovery.
56	August 24.	Miss E. R.	12	Imbecility from microcephalus.	Double linear craniotomy.	Recovery.

NO.	DATE OF OPERATION.	NAME.	AGE.	DISEASE.	TREATMENT.	RESULT OF OPERATION.
57	August 26.	Mrs. E. C.	33	Insanity: from stretching of adherent ovary by shortened utero-sacral ligament and prolapsed uterus. Left ovary stretched to nearly a finger's length.	Laparotomy: extirpation of right ovary and tube; left ovary drawn up as far as possible, ligated on both sides and excised between.	Recovery.
58	August 27.	Miss E. M.	21	Brought to hospital in extremis from vomiting.	Exploratory incision: separation of adhesions.	Recovery.
59	September 10.	Mrs. B.	33	Hysteria: ovaries buried in peritoneal adhesions.	Laparotomy: extirpation of ovaries and tubes; breaking up adhesions.	Recovery.
60	September 24.	Mrs. J. M.	24	Lacerated cervix and perineum, with prolapsus uteri.	Trachelorrhaphy and perineorraphy.	Recovery.
61	September 29.	Mrs. F. B. H.	29	Hysteria: following last confinement pelvic abscess which discharged through vagina. Intramural fibroid.	Laparotomy: removing appendages. Amputation of right ovary, made through an abscess sac which could be traced down through the vagina.	Recovery.
62	October 1.	Mrs. H. N. C.	37	Ovarian disease: enlarged and prolapsed uterus from retained placenta and peritonitis.	Laparotomy: removing appendages.	Recovery.
63	October 1.	Mr. J. H.	29	Foreign body in urethra.	Median perineal section and removal of foreigh body which had passed into the bladder.	Recovery.
64	October 4.	Mrs. F.	20	Abscess of liver, attributed by patient to fall.	Laparotomy: suture of liver into abdominal incision. Five days later exploratory tapping of liver. No pus found, but drainage of pus into alimentary tract was perfect.	Recovery.
65	October 12.	Miss A. G.	18	Tuberculosis of sacro-iliac synchondrosis.	Incision over the articulation. Removal by curette and chisel of necrosed bone from joint.	Recovery.
66	October 15.	Miss H.	24	Continued epilepsy after laparotomy.	Laparotomy: breaking up adhesions.	Recovery.
67	October 15.	Miss N.	7	Cast-iron jackstone in the œsophagus six weeks.	Extraction after making preparations for gastrotomy through the mouth from thoracic portion of the œsophagus with prehensile forceps.	Recovery.
68	October 15.	B. S.	14 mo.	Talipes equino varus.	Plaster dressings with foot flexed and everted.	Recovery.
69	October 18.	Mrs. I. A. W.	39	Carcinoma of mamary gland.	Removal of breast.	Recovery.
70	October 23.	Mr. R. W.	4	Microcephalus.	Single linear craniotomy.	Recovery.
71	October 28.	Mr. W. R.	28	Inguinal hernia.	Removal of undescended testicle from inguinal canal. Excision of hernial sac and suture of the several abdominal layers.	Recovery.
72	October 29.	Mrs. C.	24	Incontinence of urine from loss of urethra by sloughing, following instrumental delivery and puerpural fever.	Plastic operation for restoration of urethra. Skin grafts implanted to fill the place of vaginal mucous membrane.	Recovery.
73	November 12.	Miss T.	15	Fibroma of lower jaw of rapid and extensive growth.	Removal of right half of lower jaw—as far forward as the right canine tooth.	Recovery.
74	November 14.	Mrs. M.	25	Hystero-epilepsy: uterus retroverted and retroflexed; adhesions and diseased ovaries.	Laparotomy: extirpation of ovaries and tubes.	Recovery.
75	November 19.	Mrs. K.	37	Salpingitis with exudate.	Extirpation and separation of pelvic adhesions.	Recovery.

SOCIETY PROCEEDINGS.

The Topeka Academy of Medicine and Surgery.

This society met in A. O. U. W. parlor, November 14, 1892, at 8 o'clock P. M.

Minutes read and approved.

Members present: Drs. Rodgers, R. E. McVey, Gilbert, Plummer, Longshore, Barnes, McCrea, Sheldon, O'Brien, Minney, Magee, Conger, Schenck, Colcord, Cannon, W. E. McVey, W. S. Lindsay, Righter, Stewart and Powell.

Visitors: Swallow, Gundrie and Storrs.

It was moved by Dr. Sheldon that a committee of three be appointed to prepare program in advance.

A resolution to this effect being found already passed, motion was withdrawn.

Committee reported favorably on Dr. McCrea, and she was elected to membership.

The next order of business was the election of officers, and the following were elected for the ensuing term:

President.—Dr. S. E. Sheldon.

Vice-president.—Dr. D. K. Longshore.

Secretary.—Dr. W. E. McVey.

Treasurer.—Dr. R. S. Magee.

The first paper was read by Dr. J. E. Minney on "Mono-Therapeutics."

Paper received and opened for discussion.

Dr. Rodgers.—"I agree with the sentiments expressed in the paper. The tendency now is for physicians to confine themselves to one remedy. The trouble with the paper is that the doctor has taken only one class of disease to prove his point. We know dysentery is very amenable to one remedy, while in some other diseases, where there are complications, we may require a combination. Malarial dysentery we would not expect to cure with one remedy, such as ipecac or calomel. So with pneumonia. We would not depend altogether on one remedy. The idea of using the alkaloids instead of the crude drug is good; but there are conditions where the crude drug answers the purpose better."

Dr. McVey.—"Dysentery is a symptom of a condition of hyperæmia in the intestinal circulation, and sulphate magnesia would relieve the condition while opium would relieve the irritation that might be present; or if a malarial element were present, then quinine is indicated, but there are only indications for one remedy if you fully understand the pathological conditions." Had seen in early practice prescriptions for 400 grains of blue mass. Calomel was frequently prescribed in teaspoonful doses.

Dr. Righter.—"I was sorry not to have heard the paper. The pharmacist will usually estimate the physician's ability by his prescriptions. Prescriptions are very frequently incompatible, and it is best, unless the physician is well grounded in chemistry, not to try to put in too many drugs."

Dr. Colcord.—"Our advance in science has been more in noting effects of simple remedies, though there are still some compounds which hold their place in our practice. I think it preferable, if we want to use two or three drugs, to use them separately, and not combine them all into one prescription. I think there is a tendency now to use smaller doses of our remedies, and more frequently repeated. It is the amount of our medicine which is appropriated that is serviceable, not always that which is used."

Dr. Stewart.—"I think the idea of simplicity in medicine is in the right line. It was more in practice formerly to compound than now. The more carefully we diagnose and differentiate the less we are inclined to polly-pharmacy. The effect of remedies given alone is, I think, the best. It is sometimes indicated to use some remedies in combination, such as morphia and atropia."

Dr. Cannon.—"As a rule I am in favor of simple medication, but sometimes I find a combination preferable. My results with calomel in dysentery were not very satisfactory. Have found a combination of tinct. opium and epsum salts very serviceable."

Dr. Sheldon.—"As we advance in years and in practice, I think we should tend to-

ward simplicity in therapeutics. There is no doubt in my mind that our best results are obtained by a combination of partial antagonists."

Dr. Magee.—"The uncertainty of the young practitioner in his diagnosis is an explanation of their tendency to polly-pharmacy. As our experience increases, we select our drugs, and we soon limit ourselves to a few drugs. By mono-therapeutics there will be less liability of toxic effects." Referred to some instances of the effects of using several remedies.

Dr. Schenck.—"The smallest dose and the simplest combination that will produce the effects is the best. The man who prescribes the whole pharmacy does not show his knowledge of drugs or of medicine. While I think we should give single agents when they meet the results, it is sometimes best to give combination which will better give the results. We sometimes have more indications to meet."

Dr. Minney.—"The object was not that we should take one remedy and stick to it, but we should give single remedies to prevent complications and make prescriptions as simple as possible. As to malarial dysentery, I think here the indication is for quinine."

Motion by Dr. O'Brien that the sympathies and condolence of society be communicated to Drs. Ward and Redden.

Motion to remit dues of delinquent members was made by Dr. Rodgers and was lost.

Society adjourned.

W. E. MCVEY, *Secretary.*

The South Kansas Medical Society.

The South Kansas Medical Society met in Newton, Kansas, December 15, 1892, at 10:30 A. M.

There were present Drs. Hall, Halley, Minney, Boyd, Sheldon, Cordier, Axtell, Furley, Whittecar, Lindsay, Nolder, Lucas, Morrell, Seaton, Wall, McVey, Simms, Lawrence, Klippel, Oldham, Brehm, Purdue, Shelly, Harris, McIlhenney, Milligan, Felty, LaFever, Conry, McClintock.

The report of the treasurer showed a balance in favor of the society of $121.50.

According to the new order of business, committees were appointed to report on clinical cases as follows:

Case of Abdominal Tumor.—Drs. Cordier, Sheldon and Morrell.

Case of Cyst of the Orbit.—Drs. Halley, Wall and Boyd.

Case of Trachoma.—Drs. Minney, McVey and Klippel.

Case of Rheumatoid Arthritis.—Furley, Lawrence and Seaton.

Case of Paralysis Agitans.—Lindsay, Nolder and Shelton.

The first paper was read by Dr. J. E. Minney, of Topeka, on the subject "Belladonna."

In the discussion following the reading of the paper, Dr. Wall said:

"There is only one point I wish to refer to. I believe the authorities exaggerate the danger of glaucoma from the use of atropia. I have never seen this result and never fear it."

Dr. Lawrence.—"I think this was an elegant paper. Belladonna is an important agent, but I have never read anything so concise and so complete. There is one point I have never been able to settle, and that is the hypnotic effect. Is it or is it not hypnotic?"

Dr. Simms.—"I want to ask the action of belladonna in cholera infantum and affections of this character. My experience with it in these troubles has been very satisfactory."

Dr. Minney.—"I think, as Dr. Wall says, the danger of causing glaucoma in exaggerated. I have seen two cases where the tension was increased. It dilates the pupil and lessens the openings through which the fluid escapes, and by preventing this escape the tension is increased. Both of these cases were acute, and there were ulcerations of the cornea. This danger should be borne in mind, as these results may occur. Respecting the hypnotic effect: In ulcerations of the cornea there is great pain and suffering, congestion of retina, and this is relieved by atropia, probably by relieving the

congestion, but I think it has a hypnotic effect on the nerve fibers. Morphia and belladonna are antagonists, yet we often give them together. The object of the belladonna is to stimulate the vaso-motor ganglia of the heart, while the morphia depresses. So with the other vaso-motor ganglia. In bowel troubles we find belladonna produces dryness of mucous surfaces. I have not used belladonna much in these cases, but have had good results with hyoscyamus, which belongs to the same family. In cholera infantum it is certainly preferable to morphia or opium."

Dr. Cordier, chairman of the committee on the case of abdominal tumor, reported as follows:

"Man fifty-three years of age. The symptoms heretofore are negative, and would not lead up to the condition found on examination. We find a mass on the left side of the abdomen which is fluctuating. We can exclude diseased spleen, disease of stomach, gall bladder, mesentery, bladder or glandular enlargement of mesentery. There is a continuance of resonance from ensiform cartilage clear down, so it is not a solid tumor of the liver, and it is not a misplaced cæcum. The fact of there being tympanitic resonance over the transverse and descending colon shows it is not a disease of the spleen. The resonance extends down the left side to the sigmoid flexure. We can also make out the movements of the intestines in front of the tumor. It is movable. It is a diseased mesentery, post peritoneal tumor or a disease of the kidney. The shape of the growth indicates this, and we are of the opinion it is a diseased kidney. Dr. Sheldon thought it might be a lipoma of the mesentery, but there is hardly enough movement for this kind of a growth."

Dr. Sheldon.—"One fact confirming the diagnosis of a cystic tumor of the kidney is that some years ago he had a kidney trouble and passed blood in the urine, and has since had what he calls kindey disease. The indications of lipoma were that when there is so much enlargement and displacement of the kidney there would be more disturbance and pain. He has had no pain or other trouble. Years ago he had more pain and used counter-irritants, and Dr. Cordier suggests the physiological kidney was really destroyed at that time."

Dr. Halley.—"I examined the case by the courtesy of the gentlemen on the committee. Without going into the minute history I am fully satisfied of its being a kidney. The pain and trouble years ago seem sufficient to account for an obstruction of the ureter, either by calculus, hemorrhage or something else, sufficient to account for the trouble found. I have only seen one or two of these cases. In one I operated and found a simple occlusion of the ureter and retention of a fluid which gave the reaction of urine. In this case the obstruction had only existed eight or nine months before the operation. The structure of the kidney was destroyed, forming only a cyst wall. I think this is a similar tumor containing fluid probably not urine but a serous fluid. There is nothing to suggest a probability of malignancy. There is neither the history nor the symptoms to indicate it. I think it is a renal cyst."

Dr. Cordier.—"In the family history of the man we learn that one brother, a sister and mother died of consumption. The symptoms do not warrant any operative procedure. If anything be done I would suggest a posterior opening be made, and if a cyst be found, it be drained; if a solid tumor, I would open at median line in front and remove it. If it is cystic, I would certainly open behind and drain. In his condition (fair health and no discomfort) I would certainly not attempt to do anything."

Dr. Boyd.—"Is it not barely possible, if this diagnosis is correct, that there might be a degeneration of the wall and rupture of the cyst?"

Dr. Cordier.—"The history of cases of this duration is that the fluid is not urinous, but is bland and unirritating, and the cysts are frequently ruptured and the fluid absorbed. There might be some portion of the structure left and still performing its function. It is well to see if the other kidney is all right before removing this one."

Dr. H. L. McIlhenney, of Norwich, Kansas, read a paper on "Pelvic Presentations and their Management."

Before beginning the discussion of this paper, by request of Dr. Axtell, Dr. Minney was granted time to report on the case of trachoma and do an operation for same, as the patient was in waiting and already cocainized.

Dr. Minney.—"This is a case of trachoma of six years' standing, beginning in an attack of measles. In chronic trachoma we find, in addition to the enlarged papilla, a new granule and also fibrous tissue. When the lid is everted we find the papule projecting and sometimes enclosed in a sac. Sometimes it degenerates and is lost in the connective tissue. We think that by expression we can favor recovery very much. (Showed Knapp forceps.) In these conditions we find patients now better, now worse. Continued relapse occurs until many times the eye is destroyed and some times a cicatrix results and the palpebral fissure is shortened, and the granulations scratch the cornea. We also find that the secretion becomes pathological and is not a normal lubricating secretion. It is irritating."

The doctor demonstrated the method of expression by use of the Knapp forceps.

Continuing, he said: "After expression I usually use a cocaine ointment, one-half grain to the ounce of vaseline. This should not be used too strong or too frequently. It has a tendency to deaden and destroy the corneal epithelium. Use hot boracic acid solution to bathe the eye several times a day, keeping the eye clean, and, being hot, it adds to the vitality. Some astringent may be used, such as tannin or sulphate of copper. Cleansing the eye is the principal factor in the treatment. If the patient does not improve, I would then use constitutional treatment. If the eye improves under the local treatment, I let the patient alone, and do not use constitutional treatment.

"Here is another case: An acute attack supervening upon an old chronic trachoma. This class of cases the general practitioner has to treat. When we find a condition like this—an acute condition supervening upon a chronic one—we treat it mildly. We would keep the eye clean with hot boracic acid solution and use weak cocaine ointment. This man hauls coal and it is impossible for him to get well doing such work. He is nearly blind in the other eye and there is also downward strabismus. In the treatment of such cases we dare not use strong astringents, but we must keep him out of dust and tobacco smoke, and use mild applications."

Dr. Wall.—"I only differ from the doctor in the use of cocaine. I am in the habit of using seven or eight grains to the ounce, and the patients use it frequently enough to give relief, and have had no bad results from it. In very strong solutions—stronger than this—I think there is danger to the cornea."

Dr. Klippel.—"In these chronic conditions I think the trachoma forceps give best results, but we are not through then. I use the boric acid solution, but think we should also use some germicide solution. I use Seiler's solution, and I find thymol gives me better results than anything else. I use a solution about 1-5000 or 1-8000. A solution of thymol will remain permanent, and it is safe and potent. In regard to the use of cocaine, I agree with Dr. Minney. I believe there is great harm done with it. I seldom give my patients much cocaine. I give from two grains to ten grains of tannic acid to the ounce, but after expression I use myself a solution of from twenty to thirty grains to the ounce. We should impress our patients with the fact that a long course of treatment is required, and they should come back for examination." The doctor then reported two cases of man and wife whom he had had under treatment for six months."

Dr. Minney.—"If we use cocaine strong enough to keep cornea anæsthetised, it fails to perform its function. The outer epithelial cells are formed from the inner and are destroyed so rapidly that irritation is produced. I have had inflammation brought on by use of cocaine. In using silver nitrate do not use cocaine; they do not agree. It will set up inflammation."

[TO BE CONTINUED.]

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TOPEKA, KANSAS, DECEMBER, 1892.

POST-PARTUM hemorrhages are often a source of great anxiety to both physician and patient. While one eminent American obstetrician has asserted "the occurrence of post-partum hemorrhage is an evidence of mismanagement,"

"The best laid plans of mice and men
Gang aft aglee."

Many times a physician has no opportunity for treatment during pregnancy or labor, and is only called because of the hemorrhage. Whilst it is dependent upon various causes, as a hæmophilia or a spanomia, traumatism, intemperance, etc., ordinarily the immediate cause is exhaustion of nervous excitability, consequent upon rapid labors, where no time between pains is given for recuperation, leaving the organ in a condition of temporary paralysis. The tendency to hemorrhage is increased by tying the cord before pulsation has entirely ceased, thus allowing the placenta to become filled with blood and its separation forced at its center, where contraction of the uterus cannot occur, instead of at its edges, where it can occur. But whatever the anticedents or causes of post-partum hemorrhage, the physician always has at hand a sovereign remedy, unless, like Dr. Slop, he leaves his "bag and squirt" at home, and when he receives it exhausts his energies on the wrong party.

From whatever cause the bleeding, water that has been boiled and thus made aseptic, thrown freely into the womb as hot as it can be borne, will promptly arouse the organ to action, secure its contraction and arrest the hemorrhage, and it does it on a physiological basis, and is void of all the dangers incident to drugs. The uterine nerves, suffering from the paralysis of exhaustion, drugs ever so well selected, whether oil of erigeron or turpentine, ergot, digitalis, Newboldia Luvis, feruginous astringents or any other of the numerous agents in use will often prove disappointing, while both the logic and the logical results of hot water promptly and properly used will rarely fail, and post-partum hemorrhages will cease to be dreaded. When hot-water injections fail, swabbing the uterus with perchloride of iron or plugging with antiseptic gauze, etc., will not succeed.

In the absence of other appliances, the accoucheuer always has at hand his hand, which introduced into the womb, removing coagula and stimulating contraction by manipulating its internal walls will usually secure satisfactory results.

When the loss of blood is extreme, pillows should be removed, the foot of the bed elevated, and hypodermic saline injections, the water having been boiled and cooled to the temperature of the body, should be given freely in the interscapular regions, followed by sufficient friction to disperse the fluid and promote absorption.

Uterine hemorrhages, following early abortions, are often very grave. Promptly remove the little placenta, which, lodged in a rigid cervix, is their common cause, with a placenta hook or forceps, and give a hot-water vaginal injection. If no instrument is at hand, a very little mechanical tact will quickly convert a bucket bale, found in every house, into a very acceptable placenta hook.

If any morbid growth keeps up the hemorrhage, remove the cause. If dependent upon some hereditary or acquired diathesis, correct it with appropriate remedies, and there need be little fear from the oft-times terrible hemorrhages of early abortions.

The Chemical Action of Alcohol.

The following propositions and questions are contained in Dr. R. S. Davis' address before the second annual meeting of the American Medical Temperance Association, held in Detroit, June 9, 1892, and published in the *Journal of Inebriety:*

PROPOSITIONS.

1. All nerve sensibility and force, and all natural molecular or metabolic changes, nutritive, secretory and disintegrating, taking place in the living tissues, are absolutely dependent on the presence and movement of blood containing its natural proportion of oxygen.

2. The oxygen needed in the blood is received from the pulmonary air cells by the hemaglobin and serum of the blood, and in them conveyed to the systemic capillaries, where it comes in contact with, and exerts its influence on, every cell and structure of the body.

3. Alcohol at ordinary temperatures of the air, or even of that of the living human body, manifests but a very feeble affinity for oxygen, but does manifest a very strong affinity for water, albumen and hemaglobin, acting upon them readily at all ordinary temperatures.

QUESTIONS.

1. If the physiological standard of health requires a natural degree of sensibility of the cerebral hemispheres and the internal distribution of oxygen in natural quantity, and the presence of alcohol diminishes both in direct ratio to the quantity taken, how is it possible for persons in health to use it without injury?

2. If the alcohol, while in the living system, does thus diminish the sensibility of the nerve structures and retard the internal distribution of oxygen, is it not a true anæsthetic and organic sedative, and therefore adapted to the treatment of only a very limited number of morbid conditions presented in the progress of disease?

3. Is it not true that all the fermented and distilled alcoholic liquors are genuine toxic products of bacteriological cultures, and ought we not to uniformly designate them as such, instead of continuing to delude ourselves, our patients and the public generally by calling them tonics, stimulants or indirect food?

THE N. E. K. M. & P. Association will meet in Netawaka, Kansas, December 14, 1892.

PROGRAM.

Address.—P. R. Moore, Effingham, Kas.

Orificial Surgery.—S. M. Riggs, M.D., Muscotah, Kas.

Discussion opened by J. H. Brown, M.D., Wetmore, Kas.

Varicose Ulcers of Leg.—J. A. Rafter, M.D., Holton, Kas.

Discussion opened by J. E. Love, M.D., Whiting, Kas.

Inflammation.—S. E. Sheldon, M.D., Topeka, Kas.

Discussion opened by L. P. Paddock, M.D., Netawaka, Kas.

Benign Tumors of the Nose.—W. E. McVey, M.D., Topeka, Kas.

Discussion opened by R. S. Magee, M.D., Topeka, Kas.

Treatment of Infected and Contused Wounds.—M. C. Farrar, M.D., Atchison, Kas.

Discussion opened by M. F. Troughton, M.D., Seneca, Kas.

Complications of Indigestion.—Joseph Haigh, M.D., Grenada, Kas.

Modern Methods of Treatment of Gastric and Intestinal Indigestion.—D. F. Fitzgerald, M.D., Wetmore, Kas.

These two papers should be considered together and this discussion will be opened by J. T. Scott, M.D., Holton, Kas., and J. W. Graham, M.D., Wetmore, Kas.

Christ's Hospital.

There are few institutions in the city of Topeka or the state of Kansas more worthy of praise or more deserving of the support of the medical profession than is Christ's Hospital. The superintendent, Mrs. McKibben, was formerly matron of the Jefferson Hospital of Philadelphia, and is most careful and particular in the special training of the nurses for the care of abdominal and other surgical cases. A great deal of the success of the surgeons who have operated there is attributable to the excellent care and watchfulness of the superintendent. The minutest details in the directions of the attending physician are carried out with a zeal which is characteristic of only the best hospitals.

Special nurses are provided for each important case, and no neglect or inattentiveness is tolerated.

We feel most confident that every member of the profession, who has had charge of a case there, will join us in these words of commendation.

PHYSICIANS do not always consider how easily they can perform certain perfunctionary duties. The doctor believes his patient must die or the patient is of that mind, and is overwhelmed with grief because he did not, while in health, make a will whereby he might do justice to the living. The physician need only say, Tell me what you want and in a few moments it can be arranged. He writes down what the patient dictates, has him sign it, witnessing it with another party, and the will will hold as well as if drawn by the most erudite attorney. And so he may, in the absence of an ordained priest, give peace to a dying penitent or to parents and friends where a child is dying by making on some part of its body the sign of the cross, and repeating, mentally or orally, "In the name of the Father, Son and Holy Ghost." Such intelligent and humane sympathy are essential qualities in a well-grounded physician.

Hemorrhage from the Lungs.

Dr. Tullio, of Naples, an Italian physician, has recently called attention to the fact that hemorrhage from the lungs may be most efficiently relieved by the inhalation of air at a zero temperature. The air is cooled to this temperature by passing through tubes placed in a box filled with broken ice and salt.—*Hall's Journal of Health.*

Cold may constringe the vessels and so arrest hemorrhage. It was formerly relied upon in post-partem hemorrhages, but the arrest was upon a pathological basis. Hot water is found to act much more promptly and upon a physiological plan. Pulmonary hemorrhage is usually an associate of lowered vitality, and its relief with hot air is more logical than the method commended by Dr. Tullio.

POULTICES are remedial when the "sign is right," but some physicians have trouble in discerning when it is right, and place the poultice on the wrong place. A poultice should not be applied to a recent wound unless the physician wishes to interfere with the "vis medicatrix naturæ." It seems almost incredible that a physician will advise that a crushed finger, hand or other injured part be poulticed, and advise this measure day after day; but such is the lamentable fact. We call attention to this poulticing of recent wounds in particular, because it has been our luck to see several cases of this form of mal-practice recently, and if anyone who is in the habit of poulticing recent wounds should happen to see this we will be amply repaid if he or she will stop and consider the harm that will be done by so unscientific a procedure. If you wish heat and moisture for the relief of pain and congestion, immerse the part in hot water until the effect is accomplished. This will give greater satisfaction to your patient and do real good. "The sign is right" for a poultice when you wish to devitalize the part and hasten or promote the suppurative process. Don't apply them to recent wounds.

Non-Opiate Anodynes and Suporifics.

In an article in the *Brooklyn Medical Journal* of November, under the above title, Dr. Matison calls attention to canabus indica. He says it is not a dangerous drug, that there is no case on record of fatal poisoning, and it should not be regarded as a poison. Dr. Matison's large experience in the treatment of inebriety and the opium habit gives great weight concerning the vitality of this drug, and we are glad to add our own recommendation concerning the analgesic power of the extract of hemp. By looking up authorities, we find all agree as to the pain-relieving and sleep-producing qualities of a drug that is but rarely prescribed by the greater number of physicians in the obstinate headaches that give both atients and physicians so much trouble. his drug is a reliever—the bug-bear, as r. Matison terms it. The effects occasionally observed in very impressionable patients ought not to alarm the doctor, as there is no danger to be feared, and we would advise the use of extract of hemp to the exclusion of opium in all suitable cases. When we consider the painful effects of opium (and this includes the salts), we should never prescribe it when it is possible to avoid it. We commend the article of Dr. Matison to all our readers.

A MEETING of the representatives of the Southern medical colleges was held in Louisville, Ky., November 16, 1892, for the purpose of considering the question of a higher standard of medical education. But one of these colleges has united with the Association of American Medical Colleges of the United States. The southern schools claimed that it would destroy them financially to require the standard established by the American Association.

EVERY occupant of a room should have from 200 to 400 cubic feet of space to render exchange of air without draft practicable.

Antipyretics.

We are glad to notice that the fashion of advising the use of the coal-tar antipyretics is going out. Words of warning are seen in the journals from those who have been enthusiastic in the use of these depressents. Happy is he who is not carried away by every "wind of doctrine." The physician who keeps pace with the advances in physiological medicine is not likely to waste his time and endanger his patients by fighting fever, which is only a symptom, and neglecting the cause, to the injury of the patient.

THE lower berth of a Pulman sleeper contains forty-five to fifty cubic feet of air, hemmed in with walls on all sides and little opportunity for its renewal. Pure air contains one-fifth oxygen. There would then be in the berth ten cubic feet of oxygen. A healthy man inhales sixteen cubic feet of oxygen every twenty-four hours, and exhales fourteen cubic feet of carbon dioxide. If he occupies such a berth from 9 P. M. to 7 A. M. he would abstract from it six cubic feet of oxygen and inject into it six cubic feet of carbon dioxide, and various effete products of the body. Instead of seven parts of carbon dioxide per 10,000, the full amount allowed from exhalation to a healthy atmosphere before he left his sleeping apartment in the morning, it would contain over 1,000 parts per 10,000. Alas! for the luxury of a sleeping car.

CODEINE, in the treatment of the morphine disease, in an article in the *American Therapeutics*, says: "In using codeine it is best to begin with a minimum dose—say one-half grain hypodermically or double that by the mouth—as we have had patients in whom its untoward effects have been unpleasant. Summing up the situation as regards codeine for the cure of morphinism, we feel bound to say that a large and enlarging experience warrants an assertion that with it the acme of treatment in this neurosis was never so near as now."

The Insane in Egypt.

Dr. Peterson contributes to the *Medical Record* an interesting article on the insane in Egypt. The population of the state of New York is about six millions, the same as Egypt, so that interesting comparisons can be made. New York represents the newest civilization, Egypt the oldest. New York has about sixteen thousand insane under public care, Egypt has only one asylum, situated at Cairo, with two hundred and fifty inmates. The Koran's prohibition of the use of alcohol is considered to cut off one of the most fertile causes of insanity. It is curious that out of the two hundred and forty-eight patients in the asylum at Cairo, Dr. Peterson found sixty-four cases to be due to hasheesh intoxication.—*Journal of Inebriety.*

PUBLIC HEALTH is public wealth. A nation's prosperity and glory lies largely in the health and strength of its citizens. Strong minds in strong bodies should be its constant care. Now that the excitements of another great political campaign is over may we not hope that all parties will manifest their interest in the people and the prosperity of the country by an active interest in the great question of the life and health of the people—a question of vital import to all classes and all localities, above all party divisions and free from all party prejudices. Let the national congress promptly establish a department of public health; let there be appointed a secretary of public health of distinguished scientific ability; let all that pertains to the health of the nation be gathered into this department, and let all of its subordinate officers, after careful examination, be appointed for life or during good behavior, so that year after year the government may reap the benefits of their continued improvement in their various specialties.

THE North Kansas Medical Society will meet in Seneca, December 15, 1892.

A RAILWAY car, containing from 3,000 to 3,500 cubic feet of air space, will give each occupant forty feet of air space or more, according to the number of vacant seats. On a moving car, with its temperature elevated, as in winter, and screens to protect from cinders and dust, with air fully admitted at the rear end, proper aspiration at the top and an intelligent train-man, the air may be made tolerable without undue drafts.

THE bureau of hygiene and sanitation for the Columbian exposition desires to make an exhibit of the present condition of sanitary science, and would be glad to place on exhibition all that relates to private or public health—preventive or state medicine. Address all communications to Dr. F. W. Brewer, department of liberal arts, Chicago, Illinois.

IN a room twenty-five by thirty feet, with a ceiling of thirteen and one-third feet, there would be practically 10,000 cubic feet. A school-room of this size would give to each pupil 240 cubic feet of space, a sufficient amount if the room is properly ventilated and the doors and windows opened during recess.

THE New York *World* relates that Drs. Rubeners and Vernicke, of Hamburg, have proven by experiment that tobacco smoke quickly destroys the cholera bacilli. This will give tobacco smokers greater comfort, and will to some extent increase the sale of smoking tobacco.

VENTILATION is perfect when air from a pure source, at an agreeable temperature, enters the apartment, without perceptible draft, in such quantities that an occupant will not inhale air that has been exhaled from his own or another's lungs, or contaminated with the products of combustion.

LITTLE THINGS.

A HOT infusion of capsicum is recommended for hiccough.

A CASE of amœbic dysentery is reported by Dr. Hektoen, of Chicago.

CANTANI claims that no other agent equals tannic acid in the treatment of cholera.

PERFORATION of the bowels occurs in about eight per cent. of the cases in typhoid fever.

FOR a scald or burn there is nothing superior to wet bicarbonate of soda applied to the part.

IN chronic suppurative otitis, so long as the offensive odor continues, the treatment is not succeeding.

A LARGE percentage of the candidates for admission to the military schools of America are rejected on "tobacco hearts."

ACCORDING to Dr. Miles there is an abortive form of typhoid fever. These attacks usually last from nine to twelve days.

SYPHILIS, after a number of years in the system, becomes detritus—not the disease *per se*—and needs a solvent plan of treatment, not a germicidal.

MANY cases of death are caused from vasomotor paralysis of the heart, superinduced by the administration of alcohol in the practice of physicians.—QUIRMBY.

EXCISION of the tympanum and ossicles gives beneficial results only in about forty-six per cent. as to the tinnitus, but no noticeable improvement in the hearing.

DOCTORS, lawyers and divines in our American civilization are prone to use tobacco, not simply for its sedative effect, but for companionship, and so to use it to excess.

REMOVAL of the diseased part of the ovary, when not more than half of it is involved, is now advocated and practiced by advanced gynecologists. The remaining part of the ovary is neatly stitched together with fine sutures and good results are reported.

FRENCH medical observers are of the opinion that the offspring of inveterate tobacco users often greatly lack the normal power of resisting disease, chiefly through the transmission of defective nervous systems, and that they are largely deficient in physical development.

NEVER poultice the eye unless you want it to rot out. In case of sty or chalazion, and the globe of the eye is not involved, the lids may be poulticed over the swelling. In the beginning of those inflammations, hot water, applied every two or three hours and from five to ten minutes at a sitting, will often abort suppuration.

INCONTINENCE of urine is relieved by belladonna when the following conditions are present, viz.: relaxation of the sphincter vesicæ or irritability of the mucous membrane of the bladder. From five to fifteen drops of the tincture or from three to ten drops of the fluid extract should be given at bed-hour. Children require large doses.

WHEN the soft tissues are crushed and the surgeon is in doubt where to operate, and waits for the line of demarkation to form, poultices should not be used, for they sodden and thus weaken the tissues. Hot water should be applied every hour for five to ten minutes at a time, and during the interval the part should be wrapped in hot dry cotton.

THE physician may give advice on tobacco in a general way, but he will find very few patrons who will tolerate his presence professionally if he advises them to drink less coffee, to smoke fewer cigars, to chew less tobacco or to take less whisky. They think they know what is good for them better than the men who make a life-study of the causes of disease, and know why and how they undermine health and life.

I THINK it is a fact established beyond question that alcohol, by increasing the heart's action, also increases the tendency to exhaustion. Increased pulsation is increased labor and increase of power with demands for increased energy and diminished rest for the organ. The increase of ten, twenty or thirty beats a minute, beyond the normal rate, is the expenditure of so much additional power of the organ.—CROTHERS.

Those Society Papers.

We have received numerous complaints, rom the authors of papers read at the Ft. cott meeting, that their papers were not ublished. We desire, in explanation, to ay that it is no fault of ours that they are ill unpublished. The papers would all ave appeared long before this had we been iven an opportunity to publish them. The apers were turned over by Dr. W. S. Lindsay the secretary elect, and by him given to ie chairman of the publishing committee, whose possession they are still. We sked for the papers, but were told that the mmittee were not yet ready to act on them. o far as we are able to learn no meeting of ie committee has ever been called. We ublished a few of the papers, which we ere fortunate enough to secure before they ere turned over by the old secretary. The roceedings were taken by our representative Ft. Scott, and were published from his otes. As the journal is still the official gan of the Kansas Medical Society, and those proceedings, as taken by our reorter, were approved and supplemented ith the official reports by the secretary, the ublished report is the official one.

A National Department of Health.

East, west, north and south medical jourls and medical men are a unit on this imrtant question. If legislators will not ke the opinion of those who devote their es to the health interests of the nation, ose advice will they follow?

THE laws of South Carolina prohibit phyians who are drunkards from practicing dicine in that state. Can we hope for h a law in the near future for Kansas?

DR. J. A. LANE of Leavenworth, Dr. Pur- of Wichita, and Dr. Longenecker of poria, were in the city this week.

Report of Topeka Board of Health.

(Population 32,000.)

REPORT FOR MONTH OF OCTOBER, 1892.

DEATHS.

Syphilis	1
Pneumonia	1
Consumption	2
Bright's disease	1
Scarlet fever	1
Septic infection	1
Chronic bronchitis	1
Neuralgia of brain	1
Catarrhal bronchitis	2
Acute meningitis	1
Accident	1
Locomotor ataxia	1
Burn	1
Diarrhœa	1
Organic heart disease	1
Cancer of uterus	1
Dysentery	1
Typho-malarial fever	3
Children under 5 years of age	9
Total	22

Average, 1 to 1,454 of population.

L. M. CARTER, *Sanitary Sergeant.*

FOR SALE.—A Clark's operating chair; good as new, but have no further use for it. Cost, $60. State price you will give.
Address LOCK BOX 347,
Dighton, Kansas.

THE Messrs. Macmillan & Co. announce that the recently completed edition of Foster's Text-Book of Physiology in four parts is to be supplemented by the issue of an appendix on "The Chemical Basis of the Animal Body," by A. Sheridan Lea, Sc. D., F. R. S. Dr. Lea is lecturer on physiology to the University of Cambridge, England.

THE Topeka Academy of Medicine and Surgery will meet December 12th.

Observations on Salophen.

BY DR. CAMINER, ELBERFELD.

Reprint from Therapeutische Monatschefte, October, 1892.

I have employed Salophen in my practice since May of this year, when a liberal supply was placed at my disposal by the Farbenfabriken vorm. Friedr. Bayer & Co., of Elberfeld.

Salophen is a white, odorless and tasteless powder, insoluble in water, readily soluble in alcohol and ether. According to Siebel it possesses the great advantage of not being decomposed in the stomach, so that even when its use is long continued it occasions no gastric disturbances.

The active constituents of the remedy—salicylic acid and acetyl-paramidophenol—which can be precipitated by heating with sodic hydrate, are decomposed in the intestine by the alkaline secretions.

It was my intention to try Salophen in the class of cases in which Guttmann had employed it with success, but owing to the lack of material I was able to accomplish this only to a limited extent. Meanwhile two contributions on this subject have appeared by Frohlich and Flint, which sufficiently confirm the results obtained by Guttmann. I will therefore content myself with saying that I have also employed the remedy in two cases of acute rheumatism in doses of 5.0 to 6.0 gm. *pro die* (1.0 gm. every two hours) with favorable results. The pains gradually subsided, the redness and swelling of the joints disappeared, so that the patients were able to move them without pain in the course of six to ten days.

Inasmuch as salicylic has been employed for a long time as an analgesic remedy, and as Salophen has, besides salicylic acid, a second component, acetyl-paramidophenol, (a substance which represents one of the products of decomposition of phenacetin, and by virtue of its marked reducing power probably produces the well-known analgesic effect of the latter), I was led to think that Salophen, consisting of 50.9 per cent. salicylic acid and 49.1 per cent. acetyl-paramidophenol might be more actively analgesic than salicylic acid or phenacetin alone.

I therefore used it in ten cases of so-called habitual headache—cephalalgia. The majority of cases treated had suffered from headaches for periods of months and years and had tried all kinds of symptomatic remedies, such as antipyrin, phenacetin, caffein etc., without much benefit. In some of the cases the pain was localized to the forehead, in others it shifted to different parts of the head. I prescribed

℞
Salophen .....5.0 gm.
Div. in part æqu. No. v.
Sig.: One powder every two hours until pain relieved.

The patients usually told me that the pains gradually subsided and disappeared completely after the third powder and sometimes even after the second. In one, powders had to be administered before the desired result was obtained.

Besides the Salophen treatment in cases where there seemed to be some organic trouble, I resorted to other appropriate measures, so as to postpone repetition of symptomatic remedies as long as possible.

In two cases of trigeminal neuralgia in the territory of the supra-orbital nerve I likewise observed a marked influence of Salophen upon the pains, especially in one where the neuralgia followed an attack of influenza. Phenacetin had been administered for two and a half days without benefit, and the pains, according to the patient's statement, had become almost unbearable when I resorted to the use of Salophen. After administration of 4.0 gm. in divided doses in the above-described manner, the pains subsided, but recurred on the following day, though not as violently as previously, so that two powders sufficed to produce complete recovery. Up to the present time the patient has suffered no recurrences.

In a case of sciatic I discarded the Salophen treatment because after four days (altogether twenty-two gms.) no material influence upon the pains was observed.

Finally I tried Salophen in a few cases

hemicrania, and found that after the third and sometimes even after the second powder (one gm. being administered at intervals of two hours) the prodromal symptoms of migraine, such as headache, vertigo and nausea were relieved. In the case of a patient who suffered from frequent paroxysms of vomiting the disagreeable symptoms were promptly arrested, and the attack, which sometimes lasted for an entire day, aborted in a few hours. Another patient who had suffered for about twenty years from attacks of migraine, which had resisted all kinds of remedies, can no longer get along without Salophen. As soon as she notes the approach of her old trouble she takes the Salophen powder and prevents or shortens the attack. In connection with this I would remark that in none of the cases treated with Salophen did I observe a lessening of the single intervals between the attacks.

Toxic after-effects were not noted in any of the cases observed by me.

To briefly recapitulate my results, I would say that aside from its already established anti-rheumatic effect Salophen is a promptly-acting analgesic remedy in many cases of cephalalgia hemicrania and allied neuroses.

The dose should not be too small, inasmuch as in no case has a noteworthy after-effect observed, although, as is well known, this occurs as a rule with salicylic acid. The remedy may therefore be recommended for general medical use, because it has such favorable chemical properties and is readily taken by patients on account of its tastelessness.

(Literature: *Ther. Monat.*, January, 1892; *Deutsch Med. Wochen.*, *Wien. Med. Wochen.*, *N. Y. Med. Journal*).

NEW USES FOR SULFONAL.—Apart from its uses in simple insomnia and some of the neuroses, Sulfonal appears to have been of value in controlling such symptoms as reflex spasm and the uneasiness following traumatic injury. We note (*Medical Record*, July 2d, 1892,) that Dr. Edmund Andrews, of Chicago, speaks of Sulfonal as a certain remedy in the treatment of muscular cramps of the legs appearing during the night, and especially those accompanying those of the long bones. In a case of recently fractured femur, fifteen-grain doses gave immediate relief. In the after-treatment of laparotomy, Dr. A. F. Jonas (*Omaha Clinic*, August, 1892,) says that the symptoms of sleeplessness occurring in these cases should always be relieved lest insomnia seriously complicate recovery. He usually gave Sulfonal in such conditions. Dr. Althous (*Am. Jour. Med. Sci.*) recommends Sulfonal for the insomnia liable to occur in the treatment of post-grippal psychoses. Dr. Alexander J. C. Skene has employed Sulfonal in the after-treatment of laparotomy. He writes as follows (*In. Med. Mag.*, March, 1892):

"Sulfonal does remarkably well as a sleep-producer, and is much preferable to bromide, chloral or any combination of such remedies. It produces the desired result in the great majority of cases that are kept from sleep by severe pain. This remedy is worthy of note as rather new, and is certainly one that will cause sleep with no other perceptible effect, good or bad."

THIOL AS A REDUCING AGENT.—Thiol is a synthetical product, recently introduced, which closely resembles ichthyol, both in its chemical composition and therapeutic properties, but is free from some of the objectionable features of the latter. It has not the unpleasant odor of ichthyol and does not stain linen; it is also free from irritant effect which ichthyol often manifests. The usual form is a dark liquid, containing forty per cent. of the base; but it can be obtained pure in scales or powder.

Being regarded as a purified ichthyol, it has been used in all the affections in which ichthyol has been found beneficial, and, as a rule, with equally good if not better results. Prof. Schweninger, after a thorough trial of the remedy in his clinic in Berlin, regards it as superior to ichthyol.

It has marked effects in causing the absorption of pelvic exudates. Large inflam-

matory masses and adhesions may be often removed in a few weeks. It is well applied on tampons in five per cent. solution in glycerin, renewed every second or third day, and it is well to administer it internally at the same time. Erosions of the cervix are also very promptly healed by this treatment. Used, as it occasionally is, in very strong solution—fifty per cent. or over—it acts much as tincture of iodine, causing a sensation of burning, with loss of the epithelium. In endometritis, which resists the usual modes of treatment, a speedy cure is often effected by applications of pure thiol made weekly.

While recommended in many skin diseases, there is one affection in which this remedy acts remarkably well, and that is in facial erysipelas. Used with lanoline in the strength of fifteen to twenty-five per cent., it will effect a cure often in two days, and rarely has to be used over four or five. This ointment should be spread on cloths and kept constantly applied.

In burns, frost-bites and chilblains a ten to twenty per cent. thiol-lanoline ointment is an effective application. For external applications the dry powder is often used, being incorporated with oxide of zinc or with bismuth, in the proportion of five to ten per cent.—Washington Dodge, M.D., in *Pacific Medical Journal.*

THE U. S. Pharmacopœia, 1890, which will be published during 1893, adopts in great measure the Metric system of weights and measures. This will doubtless create much confusion in the minds of physicians and druggists, and lead to many misunderstandings and errors. In order to provide a guide to the proper dosage, etc., Dr. Geo. M. Gould, author of "The New Medical Dictionary," has prepared a very complete table of the official and unofficial drugs with doses in both the Metric and English systems. This table is to be published in P. Blakiston, Son & Co.'s Physicians' Visiting List for 1893, together with a short description of the Metric system.

THE chief sanitary board of Austria publishes a statement regarding the value of a series of new disinfectants, which, in view of the cholera danger, are of much interest. The special attention of the public is drawn to the so-called "lysol," which is compounded of caustic potash, oleic acid and cresols. A solution of one per cent. of lysol is said to be sufficient to annihilate the common bacillus at the shortest notice. If so, it will be a more effective remedy than carbol. It is not at all of a corrosive nature; on the contrary, if mixed with a proper quantity of water it renders the skin very smooth, qualities which render it especially useful for washing the hands, linen and floors, and for similar purposes. Moreover, besides possessing cleansing power in an eminent degree, it is much less poisonous than carbol. The sanitary board here has, therefore, ordered lysol to be classed among the officially-recommended remedies.—*N. Y. Sun.*

CHARLES DICKENS' WORKS FREE.—In fifteen volumes, complete set; also Scott's Waverley Novels in twelve volumes, or George Eliot in six volumes, or Webster's Unabridged Dictionary will be sent to every person (we pay delivery charges to your town) sending a trial subscription to THE HOME-MAKER magazine for one year. Understand, any person will get their choice of either of the above sets, free of any charge, by sending $2 for THE HOME-MAKER magazine one year. THE HOME-MAKER magazine is the only high-class magazine published in America at $2 per year; 20 cents a number. Good for the whole family. It satisfies the active intelligence of women. "It is," "Gail Hamilton" says, "the best union of the practicable with the intellectual of the magazines." THE HOME-MAKER is the ordinary magazine size and contains each month nearly 100 pages. Its departments are: Literary, home, art, household, fashions, topics of the time, correspondence and queries, etc. Address

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NEPARITIC COLIC.—It gives me pleasure to report most favorably of the utility of Sanmetto in a case of nephritic colic to which I was called. The colic lasted about twenty-four hours, during which time I have never witnessed greater suffering, accompanied with rectal and tenesmus. Treatment: Chloroform to relieve spasm and Sanmetto every two hours, with hot formentations to genitals. This patient had for years suffered from prostatic troubles with painful micturition, frequently having had to use catheter to relieve the bladder, all of which had improved from the use of that most wonderful remedy, Sanmetto. And too much cannot be said in praise of it efficiency in all kidney and bladder troubles.

C. E. HUME, M.D.,
Eggbornville, Va.

CHRONIC PROSTATITIS, IRRITABILITY OF BLADDER AND URETHRA, WITH INCONTINUENCE OF URINE.—I tested Sanmetto in a case of chronic prostatitis and great irritability of bladder and urethra, with incontinuence of urine; and continued its use until two and one-half bottles were taken, when the patient reported at my office entirely cured. Two months have elapsed and no return of the malady. The case may be of interest, in view of the fact that the patient referred to was treated unsuccessfully for a period of six weeks in one of the leading hospitals of this city for the same trouble before reporting to me. I regard Sanmetto as *par excellence* in all diseases of the genito-urinary organs. I prescribe it every day and patients are all benefitted thereby.

J. F. GRAHAM, M.D.,
Washington, D. C.

THE REVIEW VISITING LIST, published by J. H. Chambers & Co., St. Louis, Mo. Price, 75 cents.

The last edition of this book shows some improvement over the old one. The dose list is revised and some additional features added. It is a very handy record and sells for the small price of 75 cents.

KIRK'S HANDBOOK OF PHYSIOLOGY, by W. Morrant Baker, F. R. C. S. and late Surgeon to and Lecturer on Physiology at St. Bartholomew's Hospital, etc.; Vincent Dormer Harris, M.D., London F. R. C. P., Examiner in Physiology at the Conjoint Board of the Royal Colleges of Physicians and Surgeons and in University of Durham, Demonstrator of Physiology at St. Bartholomew's Hospital, etc. Thirteenth edition with upwards of 500 illustrations, including some colored plates. Published by P. Blakiston, Son & Co., 1012 Walnut St., Philadelphia, Pa.

The book has been thoroughly revised and to some extent enlarged. It is intended for the student in medicine, preparing himself for a general course, more than for the man who desires to investigate the subject in detail. It has many advantages over the larger and more elaborate works in the concise, yet comprehensive, manner in which the facts are presented. The student will find it more serviceable for college work than the larger works on this subject.

DISEASES OF THE LUNGS, HEART AND KIDNEYS, by N. S. Davis, Jr., A.M., M.D., Professor of Principles and Practice of Medicine, etc., Chicago Medical College; Physician to Mercy Hospital. No. 14 in the Physicians' and Students' Ready-Reference Series. In one neat 12mo volume of 359 pages, extra cloth, $1.25 net. Philadelphia: The F. A. Davis Co., 1231 Filbert street.

The name of N. S. Davis, Jr., subscribed as the author of a work on these subjects, is a most reliable guarantee of its practical utility. The book itself shows the marks of a systematic investigator and indefatigable student. The subjects are handled in a manner which inspires confidence in the author's interpretation of symptoms and the results of the treatment outlined.

GOULD'S POCKET DICTIONARY, published by P. Blakiston, Son & Co., Philadelphia, Pa. Price, $1.00.

This is one of the handiest little dictionaries we have seen, and, being edited by Dr. Gould, we are assured of its accuracy and reliability.

OVER 1,000 PRESCRIPTIONS AND FAVORITE FORMULÆ FROM AUTHORS, PROFESSORS AND PRACTICING PHYSICIANS. Cloth, 12mo., postpaid, $1.00. The Illustrated Medical Journal Co., Detroit, Mich.

The various formulæ contained in this volume are practical prescriptions of new and old remedies for the various types of diseases that affect mankind. They are the favorite ones of the various authorities for the diseases indicated. The index is full and complete, thus rendering the whole book easy of access. The volume is copiously interleaved, so that on the blank pages can be recorded, by pasting or copying with pen or pencil, any other prescription suitable for any disease that is on the opposite page of the book; the complete index thus indexes each new formulæ you may see fit to copy into the pages of the volume. The whole is comprised in a handy cloth-bound volume of nearly 300 pages, and will be mailed to any address upon receipt of its price by the above publishers.

BOOK ON THE PHYSICIAN HIMSELF, AND THINGS THAT CONCERN HIS REPUTATION AND SUCCESS, by D. W. Cathell, M.D. New tenth edition (author's last revision). Thoroughly revised, enlarged and rewritten. In one handsome royal octavo volume. 348 pages. Bound in extra cloth. Price, postpaid, $2.00 net. Philadelphia: The F. A. Davis Co., publishers, 1231 Filbert street.

This book is now so well known that it is almost useless for us to make any comments. The fact, however, that it has recently been rewritten, revised and enlarged by the author adds a great deal to its former value. No physician who has ever read the book can but feel that his time has been well spent and that the advice and practical hints from the actual experience of a physician which he receives are a fortune in themselves. You cannot afford not to read it.

MANUAL OF PRACTICAL MEDICAL AND PHYSIOLOGICAL CHEMISTRY, by Chas. E. Pellen, E. M., Demonstrator of Physics and Chemistry in the College of Physicians and Surgeons, New York, etc. Published by D. Appleton & Co., N. Y.

This work comes nearer filling the ideal of a practical medical course than anything we have seen. Every teacher of chemistry in medical schools has doubtless felt the inadequacy of the best text-books for the course he desired to give. The works on general chemistry devote too much time and space to the qualitative work in inorganic compounds, while most of the so-called medical chemistries have been too nearly restricted to the subject of urinalysis to be of much service to the student or teacher.

The chapter on digestion in the volume before us is a valuable one, and is supplimented by a thorough plan of laboratory experiments.

The chapter on urinalysis gives the latest and best guides for the detection of abnormal constituents and their quantitative estimation; also some very practical instruction as to the microscopical examination.

ALL AROUND THE YEAR, 1893.—Entirely new design in colors by J. Pauline Sunter. Printed on heavy cardboard, gilt edges, with chain, tassels and ring. Size, 4¼ x 5½ inches. Boxed.

The "All Around the Year" calender which Mrs. Sunter sends out this year is as charming a piece of work as anything she has done. Like its predecessors, it is printed on heavy cardboard, gilt-edged, with chain, tassels and ring, and is of convenient size. The designs are fresh and delightful, quaint and picturesque little lads and lassies issuing in each month with just the right words and in the most charming attitudes, while the lines on the cards combine to form a very pleasing love story. Done in several colors, one can scarcely imagine anything more graceful than the twelve cards, each bearing the dainty design which includes the month's calendar as a part of the picture. The cover shows a pretty little miss watching a Cupid "warming his pretty little toes" at an open fireplace, while on the last page this same Cupid (or his fellow) is playing sweetly, "Good-by, my Lover, Good-by."